

Purchase Voucher



Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01217365

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

PayeeID/Check/Mail : 1742757919/2/000

Payee Name / Address:

THE HEIDI GROUP
PO BOX 2050
ROUND ROCK,TX 786802050

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$39,160.79

Discount Amt Taken: \$0.00

Payment Amount: \$39,160.79

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT			
1	0000096282	0		529-16-0132-00006 MAR	529-16-0132-00006 MAR (Contract 529-16-0132-00006 Te)	\$39,160.79			
ShipTo ID	Non-HHSAS Cntrct ID				Invoice DT: 05/09/17 Req'd Pay DT: 05/15/17				
1326	Contract #	Wkfc	Org PmtDt	IC	Inv Recv'd DT: 05/09/17 Pay Due DT: 06/08/17				
	529-16-0132-00006	N		RC	Service DT: 03/31/17 P O DT:				
1.1	Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref	Prj/Grant	Amount
	762300		0001	MHTWG	1011P	03150	2017	GR	\$39,160.79
	Open Item Key: Conf: N Certified Amt: 0.00								

Descriptive Legal Text (DLT Comments):

DOS: 032017

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

 MAY 10 2017

05/10/2017

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
			Gonzalez,Maria Gina (ONL UID)
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By

Contact Name

Contact Phone(Area+Number)

PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

Page 1 of 1

1. Agency number	2. Agency number	3. Agency name	Health & Human Services Commission				4. Current document number
	529		Document date	CCNF	8. Doc agency	529	01217365
9. Texas identification number		10. Payee name / address	11. Purchase Order number	13. Document amount			
17427579192000		RECEIVED	10000096282	\$39,160.79			
14. Payee name / address The Heidi Group PO Box 2050 Round Rock, TX 78680-2050							
15. Purchase Order number MAY 09 2017							
16. Document amount HHSC ACCOUNTING							
18 SFX 001	BU/Div	FY	COBJ	7623	Amount		
	DeptID/Speedchart	Invoice date	Invoice number / Account Number	Invoice Received Date			
	MHTWG			Requested Payment Date	Interest Control	Reason Code	
				3 days			
18 SFX 001	BU/Div	FY	COBJ	7623	Amount		
	DeptID/Speedchart	Invoice date	Invoice number / Account Number	Invoice Received Date			
				Requested Payment Date	Interest Control	Reason Code	
18 SFX 001	BU/Div	FY	COBJ	7623	Amount		
	DeptID/Speedchart	Invoice date	Invoice number / Account Number	Invoice Received Date			
				Requested Payment Date	Interest Control	Reason Code	
19. SERVICE / DEL DATE		20. DESCRIPTION OF GOODS OR SERVICES			21. QUANTITY	22. UNIT PRICE	23. AMOUNT
03/31/17		Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group Program: Healthy Texas Women Contract Term: July 15, 2016 thru August 31, 2017 HHSC Doc # 529-16-0132-00006 Type of Entity:non profit corporation					39,160.79
24. VENDOR CERTIFICATION				Phone (Area code and number)		25. Entered by	
Vendor Contact Name Carol Everett				Phone (Area code and number) 512-255-2088			
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act.							
Agency contact/preparer SIGN HERE			Printed Name		Phone (Area code and number)		Date
Agency Approver SIGN HERE			Kim Relph		512-776-6443		5/9/2017

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Ev 5/10/17

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-7-0000096282	
Net 30	FOB Dest. Prepaid & All BEST WAY		Date	Revision	Page
	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.		09/01/2016	2 - 03/27/2017	1
	All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.		Ship To:	Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M560 Austin TX 78756 United States	

Vendor: 1742757919
THE HEIDI GROUP
PO BOX 2050
ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission
 Mail Code: 3500
 4900 N. Lamar Blvd, 5th Floor
 Austin TX 78751
 United States

Purchaser: Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity-UOM	PO Price	Extended Amt	Due Date
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Terms and Conditions are attached.

HHSAS Contract # 529-16-0102-00006
 Purchase Order Term: 7/15/2016 -8/31/2017
 FY16 Term: 07/15/2016-8/31/2016 NTE \$549,800.00 Req. 73
 FY17 Term 9/1/16 - 8/31/17 NTE \$1,099,731.00

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1,
 Texas Administrative Code, §391.205 (b) (5) Enrollment contract

Confirmation order DO NOT DUPLICATE

 Agency Contact: Camille Laosebikan
 Phone: 512-776-3561

Email: Camille.laosebikan@hhsc.state.tx.us

 HHS-PCS Purchasing Contact: Carol Marshall, CTPM
 Phone: 512-406-2476

Email: carol.marshall2@hhsc.state.tx.us

 PCC EX/0

1- 1	Contract 529-16-0132-00006 Term 7/15/16 thru 8/31/17 Budget Year 2017	952-58	1.00 LOT 1,099,731.00000 1,099,731.00 09/22/2016
			Schedule Total <u>1,099,731.00</u>
Contract ID:	529-16-0132-00006	Contract Line:	0 Release: 2
		Item Total for Line	1 <u>1,099,731.00</u>
2- 1	FY17 contract #529-16-0132-00006 with Heidi Group to provide Healthy Texas Women program services in HDIS.Term 7/15/16 to 8/31/17. Adding FY17 funding to existing PO#0000096282. Not a contract increase due to POA to decrease FY16 funding.	952-59	1.00 LOT 516,220.82000 516,220.82 03/27/2017
			Schedule Total <u>516,220.82</u>
		Item Total for Line	2 <u>516,220.82</u>

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-7-0000096282
Net 30	FOB Dest. Prepaid & All BEST WAY		Date	Revision
		If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.	09/01/2016	2 - 03/27/2017
		All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.	Ship To:	Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

Vendor: 1742757919
 THE HEIDI GROUP
 PO BOX 2050
 ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission
 Mail Code: 3500
 4900 N. Lamar Blvd, 5th Floor
 Austin TX 78751
 United States

Purchaser: Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
					Total PO Amount	1,615,951.82

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.



Texas Health and Human Services Commission
Form B-13H

Agency Name: The Heidi Group

Supporting Schedule for Healthy Texas Women Reimbursement Vouchers

	Column A	Column B	Column C
1	Total Allowable HTW Cumulative Expenses Incurred: "B"=Date-Month and year expenses incurred through "C"=Amount of cumulative HTW eligible client services expenses (Value of in-kind contributions should only be reported on line 15)	March 2017	679,907.80
2	Program Income (Cumulative):		
3	HTW Fee-For-Service Reimbursements from TMHP	151,841.41	
4*	Sub Total - Program Income →→→→→		151,841.41
5*	Gross Cumulative HTW Reimbursable Expenses		528,066.39
6	Total Award Amount of the HTW Categorical Contract	1,649,531.00	
7*	Non HHSC Funding Expended – If Column C Line 5 is greater than Column B Line 6, then C5 - B6 = C7. Otherwise, Column C Line 7 will be zero.		0.00
8*	Net Cumulative HTW Reimbursable Expenses	528,066.39	
9	Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)		488,905.60
10*	Gross Reimbursement Requested this Voucher		39,160.79
11	Less: Refunds or Other Adjustments (if any)		0.00
12*	Net Reimbursement Requested this Voucher (Negative amount at end of contract term indicates a refund to HHSC)		\$39,160.79
13*	Total Cumulative Non HHSC Funding Expended (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).		0.00

* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Signature of Authorized Certifying Official (signature not necessary for HTW program)	4/28/2017
Carol Everett	512-255-2088

This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report

Negron,Elizabeth (HHSC)

From: Relph,Kim H (HHSC)
Sent: Tuesday, May 09, 2017 3:36 PM
To: HHSC AP
Subject: Voucher Approval - HTW - Heidi Group 032017
Attachments: March 2017 B-13H HHSC (4).xlsx; March 2017 HHSC Purchase Voucher FY17 - HTW 4116 (1).xlsx

This voucher is coded and approved for encumbered payment. Thank you.

Kim Relph, Contract Specialist
Health & Human Services, Austin TX
Medical & Social Services Division
Health, Developmental & Independence Services
Family & Social Svcs/Women's Hlth & Education Svcs
Mail Code 1326 - Morton Building, M-383
phone: 512-776-6443

From: HTW Billing [mailto:htwbilling@heidigroup.org]
Sent: Tuesday, May 02, 2017 3:10 PM
To: Relph,Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Cc: Carol Everett <ce@heidigroup.org>
Subject: Re: Voucher Request B-13H from The Heidi Group Corrected Copy and Voucher Request Attachment

Thank You!

From: Relph,Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Sent: Tuesday, May 2, 2017 2:22 PM
To: HTW Billing
Cc: Carol Everett
Subject: RE: Voucher Request B-13H from The Heidi Group

There is no attachment!

Kim Relph, Contract Specialist
Health & Human Services, Austin TX
Medical & Social Services Division
Health, Developmental & Independence Services
Family & Social Svcs/Women's Hlth & Education Svcs
Mail Code 1326 - Morton Building, M-383
phone: 512-776-6443

From: HTW Billing [mailto:htwbilling@heidigroup.org]
Sent: Friday, April 28, 2017 5:13 PM
To: Relph, Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Cc: Carol Everett <ce@heidigroup.org>
Subject: Voucher Request B-13H from The Heidi Group

Unencrypted Copy, thank you for your prompt review.

Wanda Hardy, THG
Billing Specialist
512-255-2088